

SUBJECT:	Fermilab Assessment Manual	NUMBER:	3902
RESPONSIBILITY:	Quality Assurance Manager	REVISION:	000 A43
APPROVED BY:	Head, Office of Quality and Best Practices	EFFECTIVE:	

CHAPTER 1 FERMILAB CONSOLIDATED ASSESSMENT PLAN

1.1 INTRODUCTION

This plan describes the consolidated assessment process that has been established at Fermilab to implement the Fermilab Integrated Contractor Assurance Program (FICAP) and Integrated Quality Assurance (IQA) program requirements on assessments. The plan describes how the contractor assurance and quality assurance assessment processes are integrated with the other affected Fermilab assessment processes through a consolidated Fermilab assessment schedule. These assessment processes are conducted under the oversight of the Advisory Council on Integrated Assurance (AC) with the assistance of the Office of Quality & Best Practices (OQBP) as shown in Figure 1-1 below.

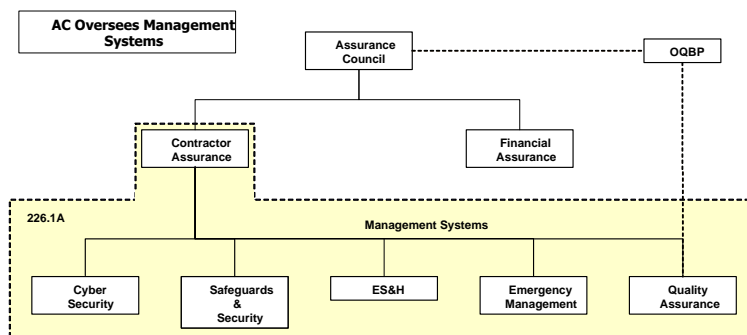


Figure 1-1. AC Oversight of the Consolidated Assessment Process

The primary focus of the consolidated assessment process is to provide consolidated assessments of the following Fermilab management systems.

- Cyber Security
- Safeguards & Security
- Environmental, Safety & Health (ES&H)
- Emergency Management
- Quality Assurance
- Contractor Assurance.

This process is designed to implement a system of controls that will ensure the scheduling, planning, conducting, and reporting of these assessments are performed in a manner that assures maximum oversight of Fermilab processes with minimum interruption, redundancy and cost. The controls for this process are described in the other chapters of this manual.

Fermilab uses a combination of Management Assessments, Independent Assessments and Surveillances to ensure the external and internal requirements and controls applicable to the specific management systems listed above are satisfied. The Fermilab Management Assessments are conducted by, or under the direction of Fermilab Divisions, Sections and Centers (D/S/C)s. The Fermilab Independent Assessments

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Comment [G1]: Checked for high risk low risk, nonconformance / nonconformity simple and complex etc from DOE comments. Considerations for scoping added. Definitions added on special assessments etc. All definitions checked for use in the manual.

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and Surveillances are performed by, or under the direction of, the Fermilab Office of Quality and Best Practices (OQBP) for non-financial activities. Although outside the scope of this manual, Independent Assessments for financial activities are performed by the Fermilab Internal Audit department.

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1.2 BACKGROUND

The Fermilab consolidated assessment process is one element of the following four essential elements of oversight that are conducted by the Department of Energy and its contractors as shown in Figure 1-2 for the implementation of the Contractor Assurance Program:

- Independent oversight processes which are performed by DOE organizations that do not have line management responsibility for the management of the activity
- DOE Headquarters line management oversight processes which are focused on the DOE field elements and contractor activities, and which evaluate the implementation and effectiveness of field element line management oversight
- DOE field element line management oversight processes (including inspections, reviews, surveillances, surveys, operational awareness, and walkthroughs) which evaluate programs and management systems and the validity of the site assurance systems
- Contractor management assessments and independent assessments.

A similar oversight process is conducted by the Department of Energy and its contractors for the implementation of the Quality Assurance Program.

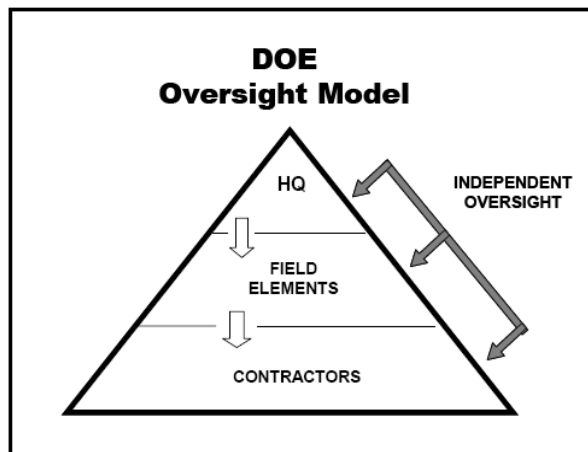


Figure 1-2. DOE and Contractor Oversight Structure

1.3 ASSESSMENT PROCESS OBJECTIVES

The following lists the combined primary objectives of the Fermilab contractor assurance and quality assurance assessment processes. These objectives are based on stated requirements in DOE O 226.1A, *Implementation of Department of Energy Oversight Policy*, and DOE O 414.1C, *Quality Assurance*, on the topic of "assessments."

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- Establish a rigorous and credible assessment program that evaluates the adequacy of Fermilab programs, processes, and performance on a recurring basis.
- Provide formal and documented assessment processes, adequately trained and qualified assessment personnel, and appropriately defined assessment responsibilities.
- Perform management assessments, independent assessments, or other types of assessments to verify implementation of, or compliance with, laws, regulations, and DOE directives.
- Ensure managers assess their functions to determine how well their organizations are meeting both customer and management performance expectations and mission objectives, to identify strengths or opportunities for improving performance, and to correct identified problems.
- Ensure senior management establishes a process to obtain independent assessments of their programs, projects, customers, and suppliers.

1.4 TYPES OF ASSESSMENTS

An assessment is a review, evaluation, inspection, test, check, surveillance, or audit to determine and document whether items, processes, systems, or services meet specified requirements and perform effectively. The types of assessments addressed in this manual are described below.

- **Management Assessments:** Management Assessments at Fermilab are self assessments conducted by, or under the direction of, Fermilab managers at all levels, to identify and correct problems that hinder their organizations from achieving their objectives or to identify opportunities for improvement. These include assessments sponsored by Fermilab management such as third party certification assessments.
- **Independent Assessments:** Independent Assessments at Fermilab are audits, surveillances, verification and validation reviews, or inspections sponsored by the Office of Quality & Best Practices and led by OQBP staff. Independent assessment teams may include others who are independent from the work or process being evaluated.
- **Surveillances:** Surveillances are a subset of Independent Assessments that include more routine and more frequent assessments that do not warrant the same level of rigor and formality as an audit. Typically they are led by OQBP staff, but may be led by others as directed by Fermilab management.

1.5 ROLES AND RESPONSIBILITIES

Advisory Council on Integrated Assurance (AC) – The AC

- Reviews the overall management and operations, commitments, initiatives, and laboratory improvement efforts and advises the laboratory director regarding the level of compliance of these activities. The council pays special attention to the requirements denoted in DOE Order 226.1A, *Contractor Assurance* and FICAP.
- Sets the policies for the FICAP and IQA programs and other assurance programs, as necessary, through the Fermilab Director.

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- Performs senior management reviews of assessments results, and provides assurance declarations to the Fermilab Director for use in preparing declarations to the Department of Energy.
- Approves the 3-year and annual Consolidated Assessment Schedule

Office of Quality and Best Practices (OQBP) – The OQBP is responsible for the day-to-day management of the Fermilab Contractor Assurance Program (FICAP) required by DOE O 226.1A and Fermilab's Integrated Quality Assurance (IQA) program required by DOE O 414.1C. The OQBP:

- Coordinates performance of all Independent Assessments, and performs a portion of these assessments
- Assists Divisions, Sections, and Centers (D/S/Cs) in scheduling and tracking Self Assessments
- Coordinates development of consolidated 3-year and annual assessment schedules
- Is the central repository for Fermilab site assessment checklists
- Oversees Corrective Action Plans, when such plans result from assessments initiated by OQBP, including concurring with action plans, tracking corrective actions, and verification and validation (V&V) of closure activities
- Tracks the results of audits and reviews, and trends findings
- Reports results and status to the Assurance Council.

Management Systems Owners (MSOs) – The owners of the quality assurance; environmental, safety & health; safeguards and security; cyber security; and emergency management systems are responsible to:

- Ensure that processes and activities under their control are assessed at least once every three years as indicated on the consolidated assessment schedule
- Ensure that appropriate corrective actions are taken where necessary

Heads of Divisions/Sections/Centers – D/S/C Heads, Heads are responsible for

- Providing the necessary resources to ensure compliance with this manual and it's implementing procedures
- Scheduling and tracking Management Assessments
- Submitting input to the consolidated 3-year and annual assessment schedules to OQBP
- Conducting and Reporting Management Assessments

Assessment Team Leaders – The assessment team leaders are responsible for:

- Planning, organizing, conducting and reporting the results of their assigned assessments.
- Assembling, and allocating qualified assessors to assessment activities
- Ensuring team members are prepared to carry out assessment activities
- Coordinating assessment team activities during all phases of an assessment
- Participating in data gathering while conducting the assessments in the field
- Serving as the primary point of contact between the process owners being assessed and the assessment team
- Ensuring that Corrective Action Plans (CAPs), are issued for noncompliances nonconformances and opportunities for improvement

Note: Assessment Team Leaders are managers (at any level) implementing management assessments of their organizations, or experienced independent lead assessors (who may or may not be managers) that have been selected by management based on their experience, qualifications and training to lead their assigned assessments. All persons leading assessment teams are Assessment Team Leaders and

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Assessment Team Members,Members; however the term Lead Assessor denotes persons leading independent assessments.

Assessment Team Members – The assessment team members are responsible for:

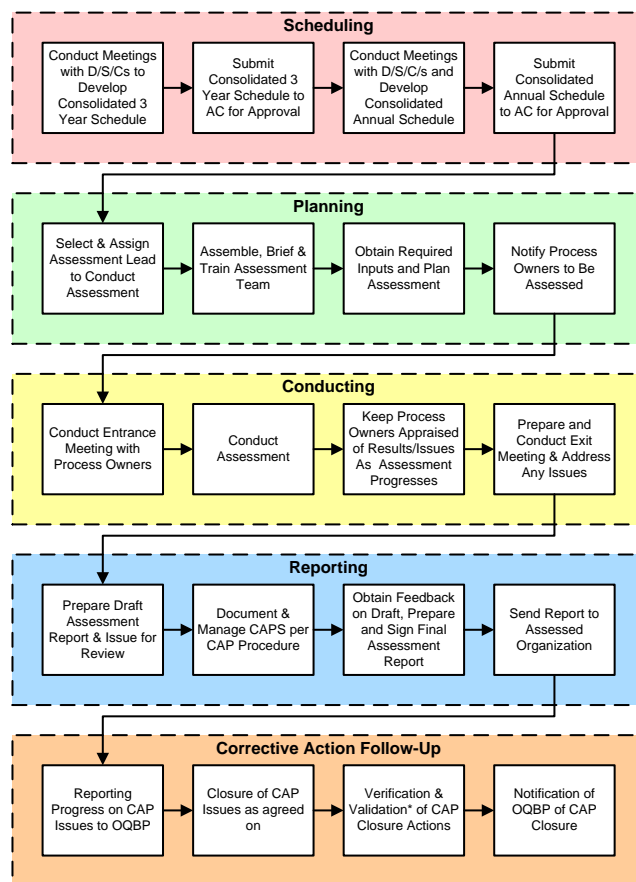
- Assisting the Assessment Team Leader with planning assessments
- Participating in data gathering while conducting the assessments in the field
- Keeping the team leader and assessed organizations informed during the assessment
- Assisting the Assessment Team Leader with reporting assessments

Note: Assessment team members may include: personnel from the assessed organization, personal from outside of the assessed organization, subject matter experts in the activities being assessed, others from outside Fermilab such as DOE or other organizations, or any combination of the above as needed to adequately perform the assessments.

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1.6 ASSESSMENT PROCESS DESCRIPTION

The Fermilab consolidated assessment process is a planned sequence and combination of activities designed to assure adequate oversight of Fermilab management processes important to the safety, safeguards, physical and cyber security, environmental compliance, and quality compliance of Fermilab operations. The assessment process activities consist of scheduling, planning, conducting, reporting and corrective action follow-up as show in Figure 1-3 below.



* Validation of CAP corrective actions effectiveness is performed after CAP closure

Figure 1-3. Typical Assessment Process Flow

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1.6.1 Scheduling

Scheduling is the integration point for the consolidated assessment process. The objective of this activity is to identify and incorporate all Fermilab reviews that fit the definition of an “assessment” into one master consolidated assessment schedule, regardless of whether the assessments pertain directly to the five management systems that are the primary focus of this consolidated assessment process. This will provide Fermilab management with a single source of information regarding assessments.

The development of the master consolidated assessment schedule is a collaborative effort where the OQBP, MSOs, and D/S/C representatives come together and identify the planned assessments for their organizations. They then identify those assessment areas that are unique and those that have common required review criteria or focus areas that can be assessed collectively as shown in Figure 1-4 below. This is done for efficiency and to reduce impacts on Fermilab operations. From this activity they develop an integrated schedule of the assessments to be performed.

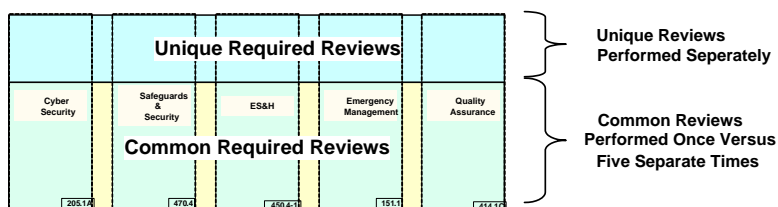
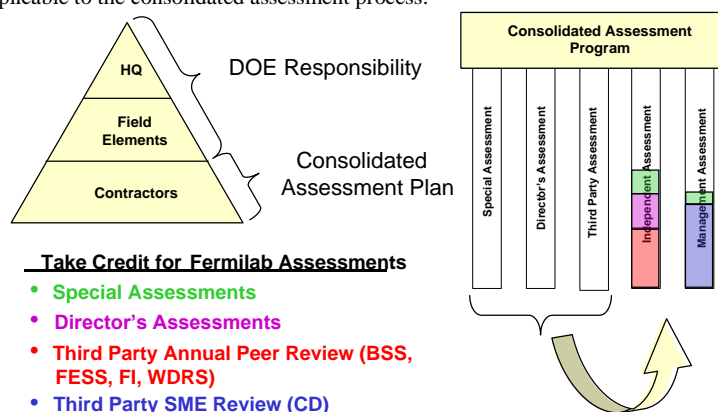


Figure 1-4. Identifying Unique and Common Areas of Review

Management Assessments and Independent Assessments (including surveillances) will be the primary method of performing the scheduled assessments. However, as depicted in Figure 1-5 below, special assessments, Director’s assessments and third party assessments performed by or for the Laboratory can be used to fulfill some of the assessment requirements, so long as they address specific Fermilab criteria applicable to the consolidated assessment process.



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Figure 1-5. Other Assessments Used to Fulfill Assessment Requirements

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1.6.2 Planning

Assessment planning is essential to ensure that the right people use the right tools and right strategies to perform well thought out and meaningful assessments. The planning activity of the assessment process is headed by a designated assessment team leader. This person will be the assessing manager, or designee, for management assessments, or the lead assessor for independent assessments. They will direct and oversee all of the activities shown in Figure 1-3. Items considered when determining scope include; importance and complexity of areas to be examined, number and kinds of requirements which apply, assessment purpose and objectives, and the resources available to carry out assessment objectives.

1.6.3 Conducting

The performance of the assessments covered in this manual will vary depending on who is doing the assessing, the purpose, scope and objectives of the assessment, the numbers and kinds of resources needed, the impacts on assessed activities, the urgency and time frame in which they need to be accomplished, and other factors. Management assessments that are performed routinely by managers to assess their own organizations will not require the rigor and formality of independent assessments that are focused on verifying conformance to requirements. Also, surveillances independently performed to examine or inspect process or activity compliance to requirements, or verify the effectiveness of corrective actions will not require this same rigor or formality.

1.6.4 Reporting

Reporting is a the point in the assessment process where all assessment results are integrated in a report that is prepared, reviewed and submitted to the assessed organizations and OQBP. The report formally documents the results of the assessment process including observations, findings and recommendations. Copies are posted on the OQBP website, and may also be distributed to oversight organizations, such as ES&H, or others as required. Problem areas and opportunities for improvement identified by assessments that require corrective actions will be recorded in CAPs and issued to the responsible parties for evaluation and correction.

1.6.5 Corrective Action Follow-Up

The final activity of the assessment process is to ensure that all problem areas and opportunities for improvement reported on CAPs are properly evaluated, corrected, verified, and validated, and this process is properly tacked to completion. This is accomplished through the corrective action process defined in the Fermilab Corrective Action Procedure administered by the OQBP.

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1.7 SENIOR MANAGEMENT REVIEW AND USE OF ASSESSMENT RESULTS

As shown in Figure 1-6 below, Corrective action plans identified during management assessments-identified corrective actions are reported by the D/S/Cs to the OQBP for tracking and tending. The OQBP tracks and trends this data along with the corrective actions identified by the independent assessments administered by the OQBP. Lessons learned that are identified during Fermilab management assessments are reported by the D/S/Cs performing these assessments directly to the AC for senior management review.

The MSOs and D/S/Cs are required to do follow-up verification and validation (V&V) of the corrective actions they take in response to their managementself assessments. OQBP performs sample V&V on these corrective actions and conducts V&V for all independent assessments it oversees.

The results of the above activities are reported to the AC for senior management review. The AC reviews all data submitted to it from the D/S/Cs and OQBP. From these reviews the AC provides inputs to the Fermilab Director on compliance with contractual requirements. The Director in turn uses these inputs to make assurance declarations to the Department of Energy, including any deficient areas and associated corrective actions being taken.

Comment [gbh2]: This leaves tracking other independent (ISO, OSHA etc) to assessed organizations or assessors. Seems like a role for QARs or area SMEs here.

Figure 1-6. Review & Use of Assessment Results

Comment [G3]: The diagram in version Rev 000 A did not add to understanding and may have been confusing. It had arrows and boxes. It was removed after version A which is archived.

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CHAPTER 2 CONSOLIDATED ASSESSMENT SCHEDULES

2.1 GENERAL

The Fermilab OQBP will coordinate the development of the Fermilab Consolidated Assessment Schedules prior to the start of each Fiscal Year, and will keep them updated as changes occur throughout the year. This activity will include updating and maintenance of the Three-Year Consolidated Assessment Schedule and development of the Annual Consolidated Assessment Schedule.

A list of assessments to be performed by the Fermilab D/S/Cs and MSOs will be obtained and used to develop these scheduled. The assessments that will be included on the schedules are:

- Management Assessments
- Independent Assessments
- Surveillances
- Special Assessments
- Fermilab Director's Assessments
- Third-Party Assessments

Comment [JH4]: Define

The special assessments, Fermilab Director's assessments, and third-party assessments will be credited as management and independent assessments if they satisfy the requirements listed in Appendix 2-1.

2.2 THREE-YEAR MASTER ASSESSMENT SCHEDULE DEVELOPMENT

In July of each year, the OQBP will request that MSOs and D/S/C Heads submit a list, or update, of any assessments that are expected, regardless of type or topical area, to be conducted over the next three fiscal years. The form shown in Appendix 2-2 may be used to obtain this information. These inputs will then be used to develop/update the Three-Year Schedule, which will be reviewed and approved by the D/S/Cs, MSOs and AC. The approved schedule (see Appendix 2-3 example) will be posted on the OQBP web site.

2.3 ANNUAL CONSOLIDATED ASSESSMENT SCHEDULE DEVELOPMENT

In August of each year, the OQBP will request that Fermilab D/S/Cs and MSOs finalize their assessment planning for the upcoming calendar year and submit a list, of all the assessments to be conducted during the year, and the dates planned for these assessments. The form shown in Appendix 2-4 may be used to obtain this information.

When this information is obtained, the identified assessments will be reviewed with the D/S/Cs and MSOs to ensure the assessments on the 3-year master schedule for the upcoming fiscal year are all included, and to integrate and consolidate the assessments as suggested in Appendix 2-5. The finished schedule (see Appendix 2-6 example) will be reviewed and approved by the D/S/Cs and AC, and posted on the OQBP web site. All of the scheduled assessment information will be entered into an assessment tracking database.

2.4 TRACKING, TRENDING AND REPORTING PROGRESS AND RESULTS

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The OQBP will track, trend and report consolidated assessment progress and results to the AC. Monthly status reports will be obtained from D/S/Cs and used to update the tracking data base, and the annual consolidated assessment schedule. Any adverse trends identified by trending, will be documented on CAPs and processed in accordance with the Fermilab Corrective & Preventive Action Procedure, 1004.1001

2.5 RECORDS MANAGEMENT

Consolidated and modified assessment schedules, and tracking and trending information will be maintained electronically in accordance with the BSS Records Management Policies and Procedures.

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CHAPTER 3 MANAGEMENT ASSESSMENTS

Management Assessments will be conducted by in accordance with the Fermilab Management Assessment Procedure, 3902-1001.

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CHAPTER 4 INDEPENDENT ASSESSMENTS

4.1 OVERVIEW

The Head of OQBP (QA Management System Owner (MSO) or the QA Manager (QA Management System Coordinator (MSC) will schedule independent assessments, as needed, to ensure the adequacy of the implementation of the quality management system. They ensure that assessments are conducted & reported as planned, and provide the personnel and resources needed to implement them. The systems analyzed by these assessments will include Cyber Security, Safeguards & Security, ES&H, Emergency Management, Quality Assurance, and Contractor Assurance. In addition OQBP may assess the degree to which MSOs are ensuring that the following systems identified in FICAP are assessed by or for the MSOs; Cyber Security, Safeguards & Security, ES&H, and Emergency Management.

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Those assigned to conduct these assessments will be independent of the processes they are to assess, and qualified and qualified to perform these assessments. Independent assessment teams will include OQBP QA staff and where practicable D/S/C QARs. QARs will not participate in independent assessments of the D/S/C to which they belong, but they will be kept informed of the status of independent assessments conducted in their D/S/C. Subject matter experts may be consulted or participate in assessments teams when necessary.

The organizations to be assessed will be notified of scheduled assessments of their organizations in advance of the planned start date, and are expected to cooperate with assessment personnel, and to ensure that assessors have the freedom of access needed to conduct their assigned activities. If difficulties with logistics or access arise which can not be resolved with the affected parties, the lead assessor will seek resolution from QA Manager.

The information obtained from independent OQBP assessments will be used to maintain the consolidated assessment schedule, and for input into a corrective action system for tracking and trending.

4.2 INDEPENDENT LEAD ASSESSOR AND ASSESSOR QUALIFICATION

OQBP will ensure that the assessors assigned to lead independent assessments are qualified to perform this role. Unless otherwise indicated, all QA independent assessments will be led by OQBP professional QA staff. The steps below address the process followed to ensure lead assessors are qualified to perform these assessments, and to ensure evidence of their qualifications and training is on file.

1. The Quality Manager will review the qualifications of personnel to be assigned as lead assessors in accordance with step 1 of the evaluation form shown in Appendix 4-1.
2. If these qualifications are acceptable, the Quality Manager will ensure these personnel complete the required training and required reading listed under step 2 on the form.
3. When steps 1 and 2 of the form are complete, the Quality Manager will complete and sign the qualification form and retain it along with any documents used to verify the assessors' qualifications was completed.

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The Quality Manager or an assigned lead assessor will ensure assessment team members performing independent assessments are familiar with the area assessed and that they have completed *Fermilab Basic Assessment Orientation Course* and that they receive appropriate direction during assessments..

4.3 SCHEDULING INDEPENDENT ASSESSMENTS

The Quality Manager will develop and maintain a master list of all assessments to be performed on a recurring three year basis to ensure that the quality system is adequately implemented, and is satisfying DOE and Fermilab expectations. The master list of assessments will be one of the sources used for scheduling annual independent assessments. Other sources of input to the independent assessment list include reviews of: previous assessment results, prior performance, (including emerging issues identified or identified or adverse trends), and DOE requirements, management requirements, or requests from senior management. The Fermilab Assurance Council may also recommend independent assessments...

4.4 PLANNING INDEPENDENT ASSESSMENTS

The planning for the independent assessments will be a collaborative activity involving the assigned lead assessor and assessment team members. The lead assessor or MSO/MSO will typically define the purpose and scope of the assessment, provide a list of requirements to be verified, and the related controlling documents of the organization(s) to be assessed. The lead assessor and assessment team members will then meet and use this information to plan the assessment. Subject matter experts may be consulted during this activity.

The lead assessor will informally contact the management in area to be assessed to initiate a preliminary discussion of the assessment purpose and to finalize the scope of the assessment. Items to consider when determining scope include; importance and complexity of areas to be examined, number and kinds of requirements which apply, assessment purpose and objectives, and the resources available to carry out assessment objectives.

The lead assessor will request copies of or access to, all relevant controlling documents from the organization to be assessed. The lead assessor and assessment team will review these documents to determine if they implement the requirements to be verified, and to identify any additional requirements imposed by them. Lines of inquiry or checklists may be developed from these materials. The controlling documents may be subject to additional evaluation during the conduct of the assessment.

An independent assessment plan will be developed and will include the information shown Appendix 4-2 and 4-3. This plan will be reviewed by the lead assessor, assessment team, and MSO/MSO. Others may be asked to review the plan as well. The completed plan will be signed by the MSO/MSO responsible for the assessment.

The organizations to be assessed will be contacted and provided a copy of the assessment plan, and notified of the resources and support that will be needed. This will be done in advance of the conduct of the assessment to ensure the assessed organizations have adequate time to arrange the required support. Management of the assessed organization will arrange meeting rooms for the assessment team.

4.5 CONDUCTING INDEPENDENT ASSESSMENTS

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The lead assessor will assign and direct the activities of the assessment team members and will be the primary point of contact with the assessed organization's management during the conduct of the assessment. The lead assessor will assemble the assessment team to review planned assessment activities and confirm that team members are prepared to perform their assigned activities.

The lead assessor will formally notify management in the areas to be assessed of the planned assessment, and reach agreement on arrangements including logistics and points of contact.

The lead assessor will conduct an opening meeting with the management of the assessed organizations. The assessment team members will attend this meeting. Points of contact may also attend the opening meeting. During this meeting the lead assessor will:

- Introduce the team members
- Brief the management on the assessment purpose and scope and the planned schedule of assessment activities
- Provide a copy of the schedule of activities and the assessment plan
- Identify those in the assessed organization who will be supporting the assessment and confirm that they can support the scheduled activities
- Confirm the availability of meeting rooms for the assessment team
- Facilitate questions and answers

The assessment is conducted in accordance with the schedule of activities and assessment plan. The team members will obtain and document the information needed to satisfy the purpose and scope of the assessment. Activities performed may include any of the following:

- Interviews with management and personnel
- Review of documents and records
- Observation of work activities
- Walk-down of facilities, work areas, or processes
- Examination of work products

Documented information produced or obtained during this phase of the assessment will include:

- Process descriptions, or flow charts
- Completed interview sheets and checklists
- Assessor notes
- Copies of documentation, and records

The lead assessor and team members typically meet at the beginning and/or before the end of each day to:

- Confirm team readiness
- Summarize progress and results
- Begin/continue the draft assessment report
- Brief the assessed organization on progress and respond to questions
- Allow the assessed organization to respond to issues or potential issues

The Quality Manager and MSO/MSO may also receive periodic briefs regarding status or issues from the lead assessor.

4.6 REPORTING INDEPENDENT ASSESSMENTS

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The lead assessor will assemble the team and conduct an exit meeting with the assessed organization to:

- Inform them of the assessment results including any findings or issues
- Allow the assessed organization to respond to findings, issues or potential issues identified
- Respond to questions

The lead assessor and team members will meet again to evaluate the information gathered during the assessment. This will include reviewing the information obtained from the assessment and any findings, observations (including commendable practices), issues or opportunities for improvement identified, and draw conclusions. Issues will be examined to determine if collectively, they indicate more significant problems.

Problem areas identified during the assessment that are determined to be non-compliances with management system requirements or the organization's implementing requirements will be reported as findings. (See Appendix 1-1 for definitions). Any process areas or activities noted that could be improved will be reported as opportunities for improvement or recommendations.

The independent assessment report will be documented on the form shown in Appendix 4-4. An example of a report is found in Appendix 4-5. This report will be reviewed by the lead assessor, and assessment team, and then submitted to the assessed organization's management for factual accuracy review and comments along with the D/S/C QAR. When these reviews are completed and comments addressed, a report is submitted to the QA Manager for review and comments. Upon reconciliation of comments, a final report is submitted and distributed electronically to the assessed organization, OQBP, other oversight organizations.

Any findings or opportunities for improvement identified during the assessment will be documented on Corrective Action Plans (CAPs) and processed in accordance with the Fermilab Corrective & Preventive Action Procedure, 1004.1001.

4.7 CORRECTIVE ACTION FOLLOW-UP

The MSO or MSC will ensure that the following actions are taken for any findings reported on CAPs for their assessments.

- Monitor corrective action progress
- Independently verify completed corrective actions
- Independently validate the adequacy of the actions taken to prevent reoccurrence of the identified problems after sufficient time is allowed for implementation
- Determine if a follow-up surveillance is necessary, and if so, schedule one

4.8 RECORDS MANAGEMENT

Independent lead assessor qualification records, assessment plans, and assessment reports will be filed electronically and maintained in accordance with the BSS Records Management Policies and Procedures. CAPs will be filed and maintained in accordance with the Fermilab Corrective and Preventative Action Procedure.

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APPROVED BY:	Head, Office of Quality and Best Practices	EFFECTIVE:	

CHAPTER 5

SURVEILLANCES

5.1 OVERVIEW

Surveillances are a narrow-scoped type of independent assessment. They are addressed separately in this manual because their focus and scope do not warrant the formality and rigor of an independent assessment. They are typically used to evaluate some aspect of a process or activity, observe a work activity, investigate a reported potential problem area, or to validate the effectiveness of a corrective action.

Surveillances are typically conducted by the Fermilab Quality Assurance organization, but they can be conducted by other independent organizations if needed. They may be performed by one or two qualified assessors in a relatively short time.

Surveillances used to validate corrective actions are scheduled during CAP generation so affected organizations are aware and prepared and to ensure that validation is not overlooked.

5.2 SCHEDULING SURVEILLANCES

The Fermilab Quality Assurance Manager, and heads of other organizations conducting surveillances, develop a surveillance schedule before the start of each fiscal year. Surveillances are scheduled based on:

- The needs of other planned assessments
- Quality assurance or Contractor Assurance program requirements
- Emerging problem areas
- Adverse trends
- Management requests.

The surveillance schedule is integrated and consolidated and maintained with the overall 3-year and annual assessment schedules as stated in Chapter 2.

5.3 PLANNING SURVEILLANCES

The Fermilab Quality Assurance Manager, and heads of other organizations conducting surveillances, select and assign the personnel to perform the scheduled assessments. The personnel are selected based on their experience and knowledge of surveillance techniques and the topical areas and requirements governing the activities to be evaluated. They will have completed the *Fermilab Basic Assessment Training* course.

Assigned surveillance personnel review the programmatic and procedural requirements governing the activities selected for surveillance, and prepare checklists and/or annotated procedures. They contact the management of the organization responsible for the area selected for surveillance to confirm the schedule and availability of resources, address the purpose and scope and establish a points of contact for the surveillance.

5.4 CONDUCTING SURVEILLANCES

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Surveillance personnel perform the following activities as necessary to accomplish the purpose and scope of the assessment.

- Conduct and document interviews
- Summarize responses to ensure accuracy
- Examine documents and records to determine compliance
- Inspect facilities and observe work activities
- Notify management of the responsible organization if potential issues or opportunities for improvement are identified

5.5 REPORTING SURVEILLANCES

The completed surveillance will be reported on the surveillance report form shown in Appendices 4-1. Appendix 4-2 is an example of a completed form. Any issues or opportunities for improvement that are identified during the surveillance will be documented on a CAP and processed in accordance with the Fermilab Corrective & Preventive Action Procedure, 1004.1001. The surveillance report will be peer reviewed if necessary for clarity and understanding, and then provided to the Quality Assurance Manager, or head of other organizations conducting surveillances, for review and approval. The approved report will be distributed to the assessed organization, and any other affected/interested parties, and to the OQBP Head for tracking and trending.

5.6 CORRECTIVE ACTION FOLLOW-UP

When CAPs are issued during a surveillance the Quality Assurance Manager, or head of other organizations conducting surveillances, will review the reported issues and determine if a follow-up surveillance is warranted to evaluate the effectiveness of the corrective actions. If warranted the Quality Assurance Manager, or head of other organizations conducting surveillances, will schedule the follow-up surveillance to be performed after the corrective action is implemented and verified.

5.7 RECORDS MANAGEMENT

Surveillance schedules and surveillance reports will be filed and maintained in accordance with the BSS Records Management Policies and Procedures.

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APPENDIX 1-1 **DEFINITIONS**

Annual Consolidated Assessment Schedule – A schedule developed and consolidated prior to the start of each fiscal year that includes all assessments to be performed during the next fiscal year, including those identified for that calendar year on the 3-year master schedule.

Assessment - A review, evaluation, check, surveillance, or audit to determine and document whether programs, processes, systems, services, or items meet specified requirements and perform effectively.

Notes: An assessment conducted at the request of the laboratory director is called a Director's Assessment. An assessment conducted for cause but not previously anticipated is called a Special Assessment. An assessment conducted by an external organization such as an ISO or OSAS certification assessment is called a third party assessment.

Fermilab Quality Assurance Manager – Is the manager reporting to the Head of OQBP Head who is responsible for the direction and oversight of the Fermilab Quality Assurance Program, also Quality Assurance Manager or QA Manager in this document.

Finding – An important problem identified during an assessment or surveillance that could have, or has had an adverse impact onto the protection or safety of the public, site personnel, or the environment; the mission of the Laboratory, or the quality of materials or services used in support of Fermilab's mission. A reported noncompliance is also a finding.

Management System – A management system is the framework of processes and procedures used to ensure that an organization can fulfill all tasks required to achieve its objectives. For example, an environmental management system enables organizations to monitor and improve their environmental performance. Each management system has an owner and one or more coordinators as defined below.

Management System Coordinator (MSC) – Usually a manager or specialist, assigned by an MSO, to support portions, or all, of the framework of processes and procedures used to ensure that an organization can fulfill the requirements in the management system.

Management System Owner (MSO) – The Director or D/S/C head assigned management responsibility for the following management systems; ES&H, Cyber Security, Safeguards and Security, Emergency Management, Quality Assurance and Contractor Assurance.

Noncompliance – A failure to comply with specified requirements

Observation – Objective evidence gathered during an assessment or surveillance that are used to evaluate and report how well objectives and requirements are being satisfied. Sources of observations include; interviews, documents, records and activities viewed during an assessment.

Opportunity for Improvement – Identified aspect of a management system, process, activity, or operation that could be improved to enable it to accomplish its objectives more effectively, efficiently, or with greater precision.

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Problem – a non-compliance with a requirement, inconsistency, issue, incident, event, or concern.

Recommendation – a suggested course of action included in an assessment report for consideration by the assessed organization.

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Subject Matter Expert – A individual possessing the combination of education, training and experience to provide expert opinion during assessments that include subject areas within his/her area of expertise. These may be from internal Fermilab organizations or from outside the Fermilab, also SME.

Three-Year Master Consolidated Assessment Schedule – A schedule of all assessments that are anticipated by the management of the Fermilab D/S/Cs and MSOs which is consolidated and projected for the next three years period to satisfy external and internal requirements.

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APPENDIX 2-1 CREDITING OTHER FERMILAB ASSESSMENTS

The following activities will be performed to ensure that special assessments, Director's assessments, and third-party assessments, being performed by, or for, Fermilab may be credited, where possible, as addressing Management Assessment and Independent Assessment requirements.

- During the Consolidated Annual Assessment Schedule development and as new assessments are added to this schedule, they will be reviewed by the OQBP to determine if they address subject areas that can be credited for either a Management Assessment or Independent Assessment.
- To be credited as a management assessment, they should include Fermilab management on the assessment team and should follow the planning, reporting and corrective action follow-up process in the Fermilab Management Assessment Procedure, 3902-1001. Accredited third party assessments which address FICAP or IQA requirements and criteria (or equivalent) will be credited without the use of Fermilab assessors or Fermilab's procedures and forms for Management Assessment.
- To be credited as an independent assessment, they should address Fermilab Contractor Requirements Document (CRD) requirements, include a Fermilab lead assessor on the assessment team assessing those specific requirements, and should follow the independent assessment planning, reporting and corrective action follow-up process in Chapter 4 of the Fermilab Assessment Manual, 3902. Accredited third party or DOE assessments which address FICAP or IQA requirements will be credited without the use of Fermilab assessors or Fermilab's procedures and forms for Independent Assessment.
- Other assessments that do not follow the above management or independent assessment processes will require a post-hoc examination by the affected MSO or D/S/C Head to determine if determine if they have adequately assessed FICAP or IQA requirements and include sufficient information to satisfy Fermilab management or independent assessment reporting requirements.
- Assessment reports that satisfy any of the above requirements are included on the consolidated annual assessment schedule, and recognized as management assessment or independent assessment, and if the report is created by or for Fermilab it will include a statement that clarifies the specific assessment requirement assessed

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APPENDIX 2-2
FERMILAB 3-YEAR ASSESSMENT INPUT FORM

3-Year Assessment Input Form					
Prepared by/Organization _____					Date _____
Phone _____			Email _____		
Assessment Method	Topical Area	Assessment Title/Subject	Organization(s) to be Assessed	Year/Qtr to be Assessed	Comments

Fermilab Assessment Manual 3902 Form 1 Rev 000 A43

NOTES:

1. Assessment Method – Enter the following:
 - a. MA for Management Assessments
 - b. IA for Independent Assessments
 - c. SV for Surveillances
 - d. SA for Special Assessment
 - e. DA for Fermilab Director's Assessments
 - f. TP for Third Party Assessments

2. Topical Area – Enter the following:
 - a. CS for Cyber Security Assessments
 - b. SS for Safeguards & Security Assessments
 - c. EH for ES&H Assessments
 - d. EM for Emergency Management Assessments
 - e. QA for Quality Assurance related Independent Assessments
 - f. CA for Contractor Assurance related Independent Assessments
 - g. OT for Other not previously identified

3. Year/Qtr – Provide a best estimate of when each assessment will be performed. Use Comments as needed to clarify this.

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APPENDIX 2-3
EXAMPLE OF FERMILAB 3-YEAR ASSESSMENT SCHEDULE FORMAT

Assessment Method	Topical Area	Assessment Title/ Subject	Assessed by	Assessed Org	FY-2010				FY-2011				FY-2012			
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
MA																
IA																
SV																
SA																
DA					-	-			-	-			-	-		
TP					-	-			-	-			-	-		

Comment [gbh8]: What goes in here – just repeat MA in first section IA in second and so on?

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APPENDIX 2-4
FERMILAB ANNUAL ASSESSMENT INPUT FORM

Fermilab Annual Assessment Input Form						
Prepared by/Organization _____ Date _____						
Phone _____ Email _____						
Assessment Method	Topical Area	Assessment Title/Subject	Organization(s) to be Assessed	Month/Dates to be Assessed	On 3-Year Schedule (Yes or No)	Comments

Fermilab Assessment Manual 3902 Form 2 Rev 000 A4 6/24/2009

NOTES:

1. Assessment Method & Topic Area – See Appendix 2.2 Notes 1 & 2.
2. Assessment Title/Subject – For assessments marked yes to indicate they are listed on the 3-year schedule, use the same titles on that schedule.
3. Months/Dates to be Assessed – You can specify the month or dates as appropriate.
4. Comments – Use as needed to clarify or supplement any information entered in other columns.

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APPENDIX 2-5 CONSOLIDATION CONSIDERATIONS

Consider if any of the following can be done to reduce the resources needed to conduct assessments and to minimize the impact of planned assessments on the assessed organizations?

- Can any of the planned assessments scheduled to assess the same organizations be combined or performed in parallel?
- Are there common areas of assessment in the planned assessments (like review of documents and records, training and qualifications, work processes, etc.) that can be integrated into one assessment or evaluated as part of other assessments?
- Can assessments of the same organization or processes looking at things like regulatory compliance, process effectiveness, and product or service quality be combined into a Performance Based Assessment to answer the following questions?
 - Are regulatory requirements reflected in program documents and being flowed down to subcontractors?
 - Are the processes assessed being performed in the most effective manner possible?
 - Do products or services provided by these processes fulfill contractual requirements and meet customer expectations?
- Are there any other ways to reduce the required assessment resources needed to conduct assessments and to minimize the impact of scheduled assessments on the assessed organizations?

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APPENDIX 2-6
EXAMPLE OF FERMILAB ANNUAL ASSESSMENT SCHEDULE FORMAT

Number	Title/Subject	Performing Org	Assessed Org(s)	Start	Compl	Oct	Nov	Dec	...	Aug	Sep
10-MA-QA-001	Material Control	FESS	Ops & Site Services								
10-IA-QA-001	Requirements Flow Down	QA	All Fermilab Orgs & Subs								
10-SV-QA-001	Control of M&TE	QA	TD								
10-MA-CS-001	System Vulnerability Tests	CD	Cyber Security								
10-MA-SS-001	Badging	BSS	Site Security								
10-IA-EH-001	Permit Compliance	ES&H	FESS								
10-IA-SA-001	Construction Safety	ES&H	FESS								
10-MA-EH-001	Medical Records	ES&H	Health Department								
10-MA-EM-001	Site Drills	ES&H	Emergency Mgmt								
10-MA-QA-001	Records Management	QA	QA								
10-SV-CA-001	Worker Feedback	QA	PPD								
10-DA-001	Triennial Assessment	ES&H	AD, PPD, TD								
10-TP-001	Value Engineering	Outside Contractor	All Fermilab Orgs								
10-SA-001	News Media Relations	Office of Internal Affairs	All Fermilab Orgs								

NOTES:

1. Number – Structure is YY-TT-MM-XXX; where:

YY = Last two digits of fiscal year scheduled (Example: 10 = 2010)

MM = Assessment Method (See Appendix 2.2 Note 1)

TT = Topical Area, If applicable (See Appendix 2.2 Note 2.)

XXX = Serial number (001, 002, 003...etc. for each assessment method)

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**APPENDIX 4-1
FERMILAB INDEPENDENT LEAD ASSESSOR QUALIFICATION**

Fermilab Independent Assessment Lead Assessor Qualification
Candidate Name/Organization: _____ Date: _____ _____
<p>Instructions:</p> <p>Verify the candidate satisfies the following. (Attach any documents used to support conclusions.)</p> <ol style="list-style-type: none"> 1. Has verifiable evidence of ASQ “Quality Auditor Certification,” or confirmation of the requisite experience, skills, and training in the following areas: <ul style="list-style-type: none"> • Trained to ensure full understanding of the assessment processes, including reporting. (Evidence of completing another company’s assessment certification program or another equivalent assessor/auditor training program will satisfy this requirement.) • Demonstrated ability to conduct interviews, document reviews, observation, and inspection. • Demonstrated ability to communicate effectively, both orally and in writing, and demonstrate effective interpersonal skills. • Knowledgeable about the types of programs, systems, and processes being assessed at Fermilab and its subcontractors. (This requirement may be satisfied by work experience or obtained during the planning phase of an assessment.) 2. Has completed the following Fermilab specific training and required reading. <p><u>Courses</u></p> <ul style="list-style-type: none"> • <i>Quality Audits for Improved Performance</i> by Dennis R. Arter (3rd edition or later) or an equivalent auditor training course • <i>Fermilab Basic Assessment Training</i> course, (delivered in a classroom or as an on-line course) <p><u>Demonstrated Proficiency</u></p> <ul style="list-style-type: none"> • <i>Lead Assessor in Training</i>, documented on-the job training under a Lead Assessor, as required, providing assessors the hands-on assessment experience needed to lead Fermilab Independent Assessments. (Not required for assessors who have records of ASQ certification or those who have completed three or more comparable assessments.) <p><u>Required Reading</u></p> <ul style="list-style-type: none"> • Fermilab Integrated Quality Assurance Program, 1001 • Fermilab Integrated Contractor Assurance Program, 3901 • Fermilab Corrective & Preventive Action Procedure, 1004.1001 • Fermilab Graded Approach Procedure, 1002.1000 • Fermilab Assessment Manual, 3902

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<p><u>Recommended Reading</u></p> <ul style="list-style-type: none"> • DOE O 414.1C, <i>Quality Assurance</i> - CRD • DOE O 226.1A, <i>Implementation of Department of Energy Oversight Policy</i> - CRD • DOE G 414.2A, <i>Quality Assurance Management Systems Guide</i> • DOE G 414.1B, <i>Management & Independent Assessments Guide</i> •
<p>Evaluation Conclusion:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Candidate has the required experience, qualifications and skills to lead Fermilab Independent Assessments. <input type="checkbox"/> Candidate has completed the required training and reading to lead Fermilab Independent Assessments.
<p>Comments:</p>
<p>Evaluated By:</p> <div> <div>_____</div> <div>_____</div> <div>Name & Title</div> <div>Date</div> </div>

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APPENDIX 4-2

FERMILAB INDEPENDENT ASSESSMENT PLAN FORM

Fermilab Independent Assessment Plan
Assessment Number & Title:
Date(s) of Assessment:
Performing Organization:
Assessed Organization(s):
Purpose:
Scope:
Assessment Leader & Team Members:
Assessment Review Areas: (List the major topical, or areas of compliance, to be assessed and include, or reference attached lists, tables, or checklists listing, the questions to be answered.):
Assessment Tools to be Employed (Check all that apply below): Interview ___ Document Review ___ Observation ___ Other ___
Reference Documents:
MSO/MSC Concurrence:
MSO/MSC Name & Title _____ Date _____

Comment [gbh9]: We defined "Assessment Methods" differently in preceeding appendices.

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APPENDIX 4-3
FERMILAB INDEPENDENT ASSESSMENT PLAN FORM EXAMPLE

Fermilab Independent Assessment Plan
Assessment Number & Title: 09-IA-QA-001/Records Management
Date(s) of Assessment: 03/05-07/2009
Performing Organization: Fermilab Quality Assurance
Assessed Organization(s): Business Services Section and Fermilab organizations record documents.
Purpose: The purpose of this assessment is to review the Fermilab Records Management process to determine if it complies with DOE and Fermilab requirements on records management.
Scope: The assessment will examine the compliance of Fermilab BSS Records Management Policies and Procedures with DOE Records Management requirements, and will then examine how well the requirements of the Fermilab BSS Records Management Policies and Procedures are being implemented by the affected Fermilab organizations.
Assessment Leader & Team Members: Kurt Mohr (team leader), Tom King and Rod Walton (team members); John Doe (subject matter expert)
Assessment Review Areas: The following topical areas will be assessed: <ul style="list-style-type: none"> Records Management System – Has system of controls (i.e., policies, procedures, people, training, and oversight) has been established to assure Fermilab records are managed in accordance with DOE requirements? Records Inventory & Disposition Schedule (RIDS) – Have Fermilab organizations established RIDS that identify each organization's record and non-record material, and documented the required retention periods for the these documents? Records Storage – Are each organization's records stored for proper preservation and protection, and ease of retrieval? Records Transfer – Are records being transferred to Federal Records Center for permanent storage when required? Records Disposition/Destruction – Are records being dispositioned and destroyed or archived according to DOE requirements? Non-Record Materials – Are non-record materials, such as copies of records used for reference, being removed and destroyed when no longer needed?
Assessment Methods (Check all that apply below.): Interview <input type="checkbox"/> Document Review <input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Reference Documents: DOE Records Management requirements listed in Attachment A BSS Records Management Polices and Procedures
MSO/MSO Concurrence: <div style="display: flex; justify-content: space-between;"> <div> Signature _____ Jed Heyes, Fermilab Quality Assurance Manager </div> <div> 7/15/2009 Date </div> </div>

Fermilab Assessment

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**APPENDIX 4-4
FERMILAB INDEPENDENT ASSESSMENT REPORT FORM**

Fermilab Independent Assessment Report
Assessment Number & Title:
Date(s) of Assessment:
Performing Organization:
Assessed Organization(s):
Assessment Activities & Results:
Titles and Names of Person Interviewed:
Document Number and Title of Documents Reviewed:
List or Titles of Work Processes or Activities Observed:
Describe or List Any Other Assessment Methods Used:
Corrective Action Plans Issued:
Lead Assessors Name:
MSO/MSD Approval:
<div style="display: flex; justify-content: space-between;"> <div>MSO/MSD Name & Title</div> <div>Date</div> </div>
Distribution (Distribute to assessed organizations' management, OQBP head, and any other interested parties.):
Attachments:

Comment [gbh10]: QARs think this will be a problem.

Fermilab Assessment Manual 3902 Form 5 Rev 000 A4Manual Form 5 Rev 000 A 6/24/2009

Notes:

2.5.1.1Report Number: Report number format is YY-SV-OO-XXX; where: YY = last to digits of year, SV = surveillance, OO = organizations (i.e., QA); XXX = sequential numbering (i.e., 001, 002, 003, etc).

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2.5.1.2Subject/Topic – Should be the same as on Consolidate Annual Assessment Schedule.

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APPENDIX 4-5
FERMILAB INDEPENDENT ASSESSMENT REPORT FORM EXAMPLE

Fermilab Independent Assessment Report
Assessment Number & Title: 09-IA-QA-001/Records Management
Date(s) of Assessment: 02/05-07/2009
Performing Organization: Fermilab Quality Assurance
Assessed Organization(s): Business Services Section and Fermilab organizations with record documents.
<p>Assessment Activities & Results:</p> <p>This assessment was performed as defined in Attachment A, Assessment Plan, in March of 2009 to determine if Fermilab's Records Management processes are compliant with DOE's Records Management requirements. The topical areas reviewed were meant to examine every aspect of Fermilab records management.</p> <p>A desktop review was first performed to determine if the Fermilab Record Management Policies and Procedures document established by BSS implements the Records Management requirements in the DOE contract.</p> <p>The following activities were performed to evaluate compliance with the Fermilab Record Management Policies and Procedures.</p> <ul style="list-style-type: none"> • The interviews were conducted with Fermilab management and personnel directly involved in some aspect the Fermilab records management system to get their understanding of their roles. • The RIDS documents used to list each organization's retained record and non-record material and other important records management documents were examined to see if they were being properly prepared and used to assure proper records management. • Several records storage locations, records check in and check out methods, and preparations of records for transfer to the Federal Records Center were observed to evaluate the actual work activities. <p>The overall conclusion of the assessment team is that DOE Records Management requirements are properly established and understood by Fermilab management, but are only partially implemented. The basis for this conclusion is as follows:</p> <ul style="list-style-type: none"> • The desk top review of compliance of the BSS Records Management Policies and Procedures with DOE Records Management requirements did not identify any areas of noncompliance. • The interviews conducted with Fermilab directors and D/S/C managers, and their assigned Records Coordinators and Records Custodians indicates they have a good understanding of their Records Management roles and have established the required organizational structure needed to implement the required Records Management system. • Review of the organizations' procedurally required Records Inventory and Disposition Sheets (RIDS) and stored/archived records, identified that several areas have established the required RIDS and are managing their records in accordance with the RIDS requirements. However, a number of Fermilab organizations have not yet established their RIDS. Thus, it cannot be readily confirmed if their records are being properly stored and archived.

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It is recommended that all required RIDS that have not yet been established be established and implemented as quickly as possible, and that a follow-up assessment be conducted to assure that the associated records are being managed in accordance with their RIDS.

Titles and Names of Person Interviewed: Records Management Manager, Records Coordinator, Fermilab Directors, Heads of Divisions, Sections and Centers, File Custodians listed in Attachment B.

Documents Reviewed:

- Records Management Policies and Procedures
- Each Fermilab Organization's RIDS (see Attachment C list)
- File custodians check in/check out logs (see Attachment C list)
- Records transmittal forms (see Attachment C list)
- Records Disposition/Destruction forms (see Attachment C list)

Work Processes or Activities Observed:

- Examined the storage areas and storage cabinets where records are being kept in several Fermilab organizations.
- Examined the checkout process for records in these organizations.
- Examined the contents of several boxes being prepared for shipment to Federal Records Center.

Describe or List Any Other Assessment Methods Used: None

Corrective Action Plans Issued: CAP BSS-07/19/2009-001

Lead Assessors Name: Kurt Mohr

Management System Owners (MSOs) Approval:

_____ Signature	_____ 7/21/2009
Jed Heyes, Fermilab Quality Assurance Manager	Date

Distribution (Distribute to assessed organizations' management, OQBP head, and any other interested parties.): Head of BSS and BSS Records Manager, Fermilab Directors and Head of D/S/Cs, and OQBP.

Attachments: See Attachments A through C.

Comment [gbh11]: This is an example where due to staff assignments there is no anonymity which is the QAR objection.

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**APPENDIX 5-1
FERMILAB SURVEILLANCE REPORT FORM**

Fermilab Surveillance Report
Report Number:
Subject/Topic:
Performed By/Organization:
Surveillance Date(s):
Organization(s) Assessed & Responsible Manager(s):
Points of Contacts:
Applicable Requirements:
Records/Documents Reviewed:
CAP Numbers (If Applicable):
Surveillance Summary:
<ul style="list-style-type: none"> • Purpose & Scope: • Activities Performed: • Results: • Attachments: • Distribution:
Signatures/Dates <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Performed by: _____</div> <div>Date _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Approved by: _____</div> <div>Date _____</div> </div>

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Notes:

5.1 Report Number: Report number format is YY-SV-OO-XXX; where: YY = last to digits of year, SV = surveillance, OO = organizations performed by (i.e., QA); XXX = sequential numbering (i.e., 001, 002, 003, etc).

5.2 Subject/Topic – Should be the same as on Consolidate Annual Assessment Schedule.

SUBJECT:	Fermilab Assessment Manual	NUMBER:	3902
RESPONSIBILITY:	Quality Assurance Manager	REVISION:	000 A43
APPROVED BY:	Head, Office of Quality and Best Practices	EFFECTIVE:	

APPENDIX 5-2
EXAMPLE OF COMPLETED FERMILAB SURVEILLANCE REPORT

Fermilab Surveillance Report
Report Number: 09-SV-QA-001
Subject/Topic: Prescribed Burning of Fermilab Lands
Performed By/Organization: Larry Lamm/Quality Assurance
Surveillance Date(s): Aug 10-15 2009
Organization(s) Assessed & Responsible Manager(s): FESS Roads & Grounds Department; Mike Becker
Points of Contacts: Mike Becker
Applicable Requirements: IQA Chapters 2, 4, 5, 7, and 11 and associated implementing documents
Documents/Records Reviewed: Roads & Grounds Policies and Procedures, Land Management Plan, State of Illinois Burn Permit, Roads & Grounds employees' ITPs and training certificates, and sample of purchase orders
CAP Numbers (If Applicable): FESS-08/16/2009-001
Surveillance Summary:
<ul style="list-style-type: none"> • Purpose & Scope: To verify FESS Prescribed Burns performed annually by FESS Roads and Grounds satisfy the applicable requirements in the above listed IQA Chapters and implementing documents. <ul style="list-style-type: none"> ○ Personnel Training & qualifications ○ Documents & Records ○ Work Controls ○ Procurement ○ Control of Suspect Counterfeit Items. • Activities Performed: <ul style="list-style-type: none"> ○ Interviewed Roads and Grounds Manager, Burn Boss, mechanic, and a burn crew member ○ Reviewed above listed records ○ No Prescribed Burning had started yet, so wasn't able observe the actual field work • Results: <ul style="list-style-type: none"> ○ Controls are in place to assure the Prescribed Burn activities are performed correctly ○ Personnel are well trained and briefed to perform their assigned duties ○ Field work is coordinated by a Burn Boss with extensive experience and training to assure Prescribed Burning activities satisfy the State Burn Permit and applicable DOE requirements ○ All recent burns have been executed without any reported incidents ○ Procurement records are appropriate for this type of activity ○ All materials used in maintaining equipment used for prescribed burning is checked by a trained mechanic for S/CI. • Attachments: Copies of the documents listed above are attached. • Distribution: Roads & Grounds Department Head, FESS Head, OQBP
Signatures/Dates
Performed by: <u>Larry Lamm</u> Date <u>8/20/2009</u>
Approved by: <u>Jed Heyes</u> Date <u>8/21/2009</u>

SUBJECT:	Fermilab Assessment Manual	NUMBER:	3902
RESPONSIBILITY:	Quality Assurance Manager	REVISION:	000 A43
APPROVED BY:	Head, Office of Quality and Best Practices	EFFECTIVE:	

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TABLE OF REVISIONS

Author(s)	Description	Revision	Date
Larry Lamm	Initial draft based on input from Jeff Cotton, Jed Heyes & QAEs, updated based on some QAR feedback	000 A	06/26/09
Jed Heyes	Clarifications	000 A1	07/05/09
Jed Heyes	Updates based on feedback for September 2009 DOE QA assessment & meetings with OQBP staff.	000 A2 000 A3 000 A4	09/22/09 11/08/09 11/12/09